

Michigan Child Passenger Safety Action Plan



Governor's Traffic Safety Advisory Commission

Member Agencies:

Michigan Department of Community Health
Office of Highway Safety Planning
Michigan Department of Transportation
Michigan State Police
Office of Services to the Aging
Michigan Department of Education

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INTRODUCTION

Motor vehicle crashes remain a major cause of death and injury to children (age 0-14) despite technological improvements in crash worthiness of vehicles, effectiveness of restraint systems, and mandatory child passenger safety (CPS) laws. Motor vehicle crashes are the leading cause of unintentional injury-related death among children under age 15. In 2004, children under age 15 made up 21 percent of the total U.S. population. During 2004, 2,605 of these children were killed in traffic crashes,ⁱ accounting for 6 percent of all traffic fatalities in the United States (n=42,636).

Child safety seats and safety belts, when correctly installed and used can prevent injuries and save lives. Unrestrained children are more likely to be injured, to suffer more severe injuries and to die in motor vehicle crashes than children who are restrained.

Research on the effectiveness of child safety seats has found them to reduce the risk of fatal injury by 71 percent for infants (less than 1 year old) and by 54 percent for toddlers (1-4 years old) in passenger cars. Furthermore, a recent study demonstrated that children ages 4-8 restrained in booster seats are 59% safer than in a seat belt alone.ⁱⁱ

Many organizations around the state support and conduct CPS education programs. Over the past ten years, the numbers of trained people, requests for assistance, and amount of resources have grown tremendously. MDCH has acted as the lead agency for CPS coordination to better meet the needs and demands of the growing program.

In an effort to determine the future of CPS programming in Michigan, MDCH conducted a strategic planning process in August 2005. A 30-member strategic planning team helped develop a 5-year CPS strategic plan with recommendations for improving CPS in Michigan from 2006-2010. Details on the process and recommendations will be presented in this report.

SCOPE OF THE PROBLEM

Injuries are the number one cause of death for persons aged 1-34 in Michigan and the leading cause of lost years of potential life. Motor vehicle crashes are the leading cause of unintentional injury-related deaths to children. In Michigan, 8,073 children aged 0-15 were injured in motor vehicle crashes in 2004.ⁱⁱⁱ Motor vehicle crashes were the largest single cause of injury-related death in 2004, resulting in 83 deaths in the 0-15 age group.

The Michigan Legislature has taken steps to recognize the importance of child restraints and safety belts. Michigan law states that children under age 4 must be properly restrained in a federally approved child safety seat regardless of where they ride in a vehicle (Michigan Vehicle Code 257.710d). Children between the ages of 4 and 16 must wear a safety belt no matter where they ride in a vehicle. The driver of the vehicle will receive a citation for any child not restrained. This is a primary offense, meaning that a person can be stopped for this violation alone.

While Michigan's legislature has been supportive of child passenger safety (CPS) law, there are still some exemptions that should be addressed to strengthen the law. Even with a primary enforcement law in place, close to 20% of children aged 0-15 ride unrestrained.^{iv}

The state is working toward a stronger CPS law. There are several bills in the Michigan

Legislature that would address current exemptions. A summary of the bills' intent follows:

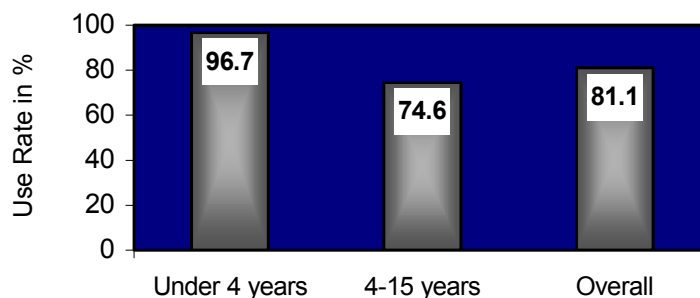
- Children under the age of 8 and under 4'9" tall must be properly restrained in a children restraint or booster seat.
- Children 12 and under must be restrained in the back seat of a vehicle if appropriate vehicle safety belts are available.
- Remove exemption that allows children ages 4-16 to ride unrestrained if all safety belts are in use.
- Remove exemption that allows children being nursed to be unrestrained.
- Establish a fine of \$100 for subsequent violations of existing child restraint law.
- Fines collected will be used to establish a Child Safety Seat Education fund. MDCH shall administer the CPS grant program.

MDCH receives federal funds to provide grants to eligible community-based agencies for CPS training, promotion, and education. There are also many local agencies in the state that offer child safety seats to families in need.

Child Restraint Use in Michigan

In 2000, the University of Michigan Transportation Research Institute (UMTRI) conducted a special survey on the use of child restraint devices in Michigan. This survey used a sampling design that targeted locations frequented by children from birth to age 15 in motor vehicles in non-school and school sites.

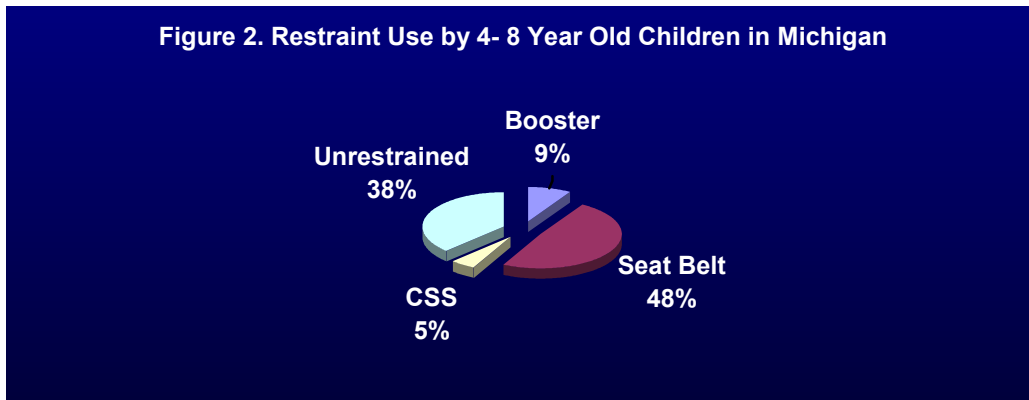
Figure 1 - Child Restraint Use by Age



Source: University of Michigan Transportation Research Institute, July 2000

Figure 1 shows child occupant restraint use by age. Restraint use for children ages 0-3 is close to 97 percent. Restraint use for children aged 4-15 is significantly lower at 74.6 percent.^v Results from a recent study conducted by UMTRI in 2004 that looked specifically at restraint use for children ages 4-8 revealed a much lower use rate of 62.5 percent.^{vi}

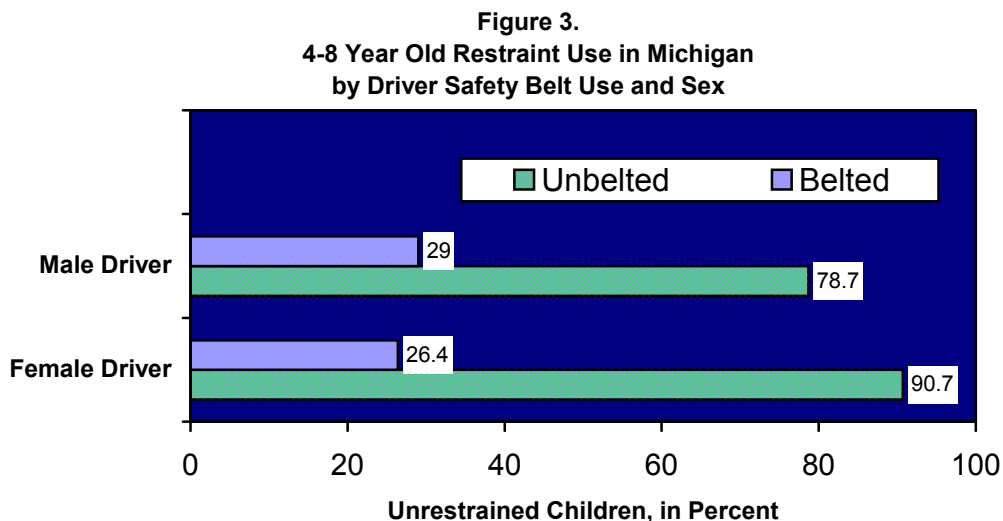
The optimal restraint for this age group is a booster seat. Safety belts generally do not fit young children properly. Due to children's small stature, the lap belt tends to ride up over the pelvis and across their soft abdomen, and the shoulder belt may cross the face or neck. Children may place the shoulder strap behind their back, or under their arm, which in itself can cause injury.



Source: University of Michigan Transportation Research Institute, March 2005

Results from the 2004 statewide observation survey of restraint use by 4-8 year-old children can be seen in Figure 2. Only 8.6 percent of Michigan children ages 4-8 were riding in a booster seat. Almost half of the children ($n = 48.8$) were in a safety belt. A small percentage ($n = 5.1$) were in a child safety seat (CSS). More alarmingly, results indicated that 38 percent of the children were riding unrestrained.

Figure 3. shows the estimated child occupant restraint use rates for children ages 4-8 by driver belt use. Use was high when the driver was belted, low when the driver wasn't belted. Clearly, further educational efforts are needed to ensure that important information on the proper use of safety belts for all occupants is communicated to the public.



Source: University of Michigan Transportation Research Institute, March 2005

CHILD PASSENGER SAFETY STRATEGIC PLAN

In June 2005, Michigan conducted an Occupant Protection for Children (OPC) Assessment using the National Highway Traffic Safety Administration's Assessment Tool and expert CPS panel members from around the country. As a result of the planning meeting, the CPS Strategic Planning Team suggested the following strategic recommendations and action steps to improve child passenger safety (CPS) in Michigan for the period 2006-2010. The ultimate goal of the plan is to reduce deaths, injuries, and disabilities to children from motor vehicle crashes.

Recommendation #1

Conduct CPS Training.

Lead Agency: MDCH

Collaborative Partners: OHSP, childcare network, Safe Kids, law enforcement associations, vehicle manufacturers, insurance companies, CPS instructors, hospitals, and hospital associations.

Goal: Increase the number of people trained in CPS through standardized curriculums. Available curricula include: The National Standardized Child Passenger Safety Technician Training, Operation Kids - Law Enforcement, Operation Kids – RN, Operation Kids - Moving Kids Safely in Childcare, Safe Travel for All Children - Transporting Children with Special Health Care Needs, and Child Passenger Safety Training for School Buses.

Short-term

Objective: By December 2006, 50% of collaborative partners will be aware of how and where to locate available CPS training classes.

Action Steps:

1. Encourage instructors to submit class information for posting on the Safe Kids website.
2. Market how and where to find available training classes.

Objective: By December 2006, retain at least 50% of current technician levels.

Action Steps:

1. Utilize Michigan Instructor Team to:
 - a. Identify technician retention issues.
 - b. Identify geographic areas where the numbers of technicians are low.
 - c. Develop process to maintain current technicians.
 - d. Conduct the Certification Renewal Course.
2. Encourage current technician corps to be proactive in recruiting.
3. Email CPS updates to those who have attended CPS training.
4. Identify funding to cover cost of training.

Medium term

Objective: By December 2008, the number of new technicians will increase by 250, with a specific focus on seeking bi-lingual people, retailers, law enforcement, hospital staff, and counties with a low level of certified technicians.

Action Steps:

1. Continue to identify and obtain funding sources to offer low-cost or free CPS training courses.
2. Encourage retailers to certify sales staff in CPS.
3. OHSP should encourage law enforcement agencies to train officers in CPS, in conjunction with the Click-it-or-Ticket Campaign funding.
4. Encourage hospitals to certify staff in CPS.
5. Encourage bi-lingual people to become certified.

Long-term

Objective: By December 2010, 50% of Michigan counties will have at least 10 technicians and at least 1 instructor.

Action Steps:

1. Continue to conduct CPS Certification courses.
2. Recruit potential instructors from certification courses.

Recommendation #2

Develop and deliver CPS awareness training for law enforcement.

Lead Agency: MDCH

Collaborative Partners: OHSP, MCOLES, Safe Kids, and law enforcement associations.

Goal: Incorporate CPS certification training into the curricula at law enforcement (LE) academies.

Short-term

Objective: By December 2006, a plan for delivering CPS training to LE will be implemented.

Action Steps:

1. Garner support of administrators.
2. Define obstacles to LE attendance at trainings.
3. Specify target population for training (patrol, administration, management, etc.).
4. Establish current knowledge baseline.
5. Define essential LE CPS information.
6. Incorporate CPS essentials into basic LE training.
7. Review available National CPS training for law enforcement to determine most appropriate curriculum based on current best practice recommendations.
8. Identify funding to host classes and to pay LE certification/recertification fees.
9. Contact MCOLES about LE training at academies.

Medium term

Objective: By December 2008, 100 LE officers will receive CPS training.

Action Steps:

1. Conduct a minimum of six LE training classes per year.

2. Certified CPS Technician LE should conduct training for LE.
3. Continue MCOLES process.
4. Develop refresher/on-going update of program.
5. Obtain feedback on training effectiveness.
6. Use/find resources for training.
7. Provide update training to all previously trained LE officers.

Long-term

Objective: By December 2010, at least 30% of LE agencies will have at least one person who has attended LE training.

Action Steps:

1. Retain current technician levels.
2. Encourage administrative re-investment for continued success.
3. Provide incentives for continued training.

Objective: By December 2010, CPS certification training will be incorporated in the curricula at 30% of Michigan LE academies.

Action Steps:

1. Continue to work with MCOLES.
2. Survey academies to determine those with CPS training.

Recommendation #3

Assist hospitals with adopting a discharge policy and address liability concerns.

Lead Agency: MDCH

Collaborative Partners: OHSP, medical associations, hospitals, CPS Technicians, CPS Instructors, and Safe Kids Chapters/Coalitions.

Primary goal: CPS hospital discharge policies will be developed or strengthened in Michigan Hospitals that serve children.

Short-term

Objective: By December 2006, a task force will be convened to assist with the discharge policy program.

Action Steps:

1. Recruit task force members.
2. Meet monthly via conference call with task force.
3. Determine barriers to policy implementation.
4. Develop evaluation survey for hospitals that currently have a solid discharge policy.
5. Work directly with hospitals to interest them in adopting a policy.
6. Assist hospital in assigning policy development staff.
7. Identify funding source for development/operation.

Medium term

Objective: By December 2008, 20% of Michigan Hospitals that serve children will develop/strengthen discharge policies.

Action Steps:

1. Distribute CPS educational information at hospitals, pediatricians' offices, and birthing classes.
2. Determine ways to overcome policy implementation barriers.
3. Educate hospital staff.
4. Obtain funding for comprehensive CPS program to support policy.
5. Work with legislators to introduce Good Samaritan Legislation.

Long-term

Objective: By December 2010, 35% of Michigan Hospitals that serve children will develop/strengthen discharge policies.

Action Steps:

1. Survey hospitals to determine the number with new discharge policies.

Objective: By December 2010, Good Samaritan Legislation will be passed to protect CPS Technicians.

Action Steps:

1. Work with Michigan CPS Coalition to promote the passage of Good Samaritan Legislation to protect those installing seats for parents.

Recommendation #4

Develop a stand-alone, centralized, easy to remember, occupant protection/CPS website where the public can access timely, accurate, and consistent information on restraint laws and correct use of restraint systems, technical information, training opportunities, and downloadable educational materials.

In conjunction with the website, coordinate a statewide toll-free telephone number to request educational materials and receive personal assistance.

Lead Agency: OHSP

Collaborative Partners: MDCH

Primary goal: Increase access to timely, accurate, and consistent CPS information statewide.

Short-term

Objective: Begin development of the website.

Action Steps:

1. Identify website sponsor.
2. Get bids for hosting website.
3. Plan to have extranet/message board for CPS technicians and instructors.
4. Develop advertising plan.

5. Research existing state sites for website modeling.

Medium term

Objective: By December 2008, the website will be in place.

Action Steps:

1. Identify website name and phone number.
2. Secure domain name.
3. Hire staff to maintain (site/mailings/phone calls).

Long-term

Objective: By December 2010, a functional website and toll free number will be available to Michigan residents.

Action Steps:

1. Design will be complete and website will be running.
2. Promote website and telephone number (CPS fliers, documents, email signatures, organizations include link on website).
3. Conduct media event announcing website and number.

Recommendation #5

Increase enforcement of occupant protection laws-not just during campaigns.

Lead Agency: OHSP

Collaborative Partners: State, county, and local law enforcement agencies and associations.

Primary goal: Make CPS a priority for law enforcement.

Short-term

Objective: By December 2006, develop educational materials for law enforcement.

Action Steps:

1. Develop CPS roll call video.
2. Develop talking points card for officers to use during traffic stops.

Objective: By December 2006, conduct a needs assessment survey of law enforcement officers.

Action Steps:

1. Determine method to measure enforcement level.
2. Determine ways to change law enforcement attitudes on CPS (punishment vs. helping kids).

Medium term

Objective: By December 2008, increase training level of law enforcement and decrease barriers to enforcement.

Action Steps:

1. Offer additional training course to law enforcement, such as Operation Law Enforcement.
2. Provide resources and incentives to encourage enforcement.

3. Increase perceived enforcement to public.

Long-term

Objective: By December 2010, CPS enforcement will be a priority for LE.

Action Steps:

1. Overcome barriers to enforcement.
2. All law enforcement will have access to CPS training.
3. The public will perceive the risk of enforcement of the CPS law.

Recommendation #6

Develop methods to assist low-income families with obtaining child restraints.

Lead Agency: MDCH

Collaborative Partners: FIA, Headstart, OHSP, United Way, private foundations, Safe Kids, car seat manufacturers, retailers, local health departments (LHD), churches, and community groups.

Primary goal: Shift ultimate responsibility to local health departments.

Short-term

Objective: By December 2006, a CPS program for LHD will be developed.

Action Steps:

1. Identify funding sources (Medicaid, other).
2. Define the term *low income*.
3. Survey existing voucher programs.
4. Identify non-English populations by geographic area.
5. Establish current knowledge baseline.
6. Tailor CPS information for LHD.

Medium term

Objective: By December 2008, low cost/free car seat vouchers/coupons will be given out by 20% of LHD to low-income families.

Action Steps:

1. Train LHD staff.
2. Distribute seats.
3. Train bi-lingual CPS technicians.
4. Utilize members of target communities for outreach.
5. Increase migrant community outreach.
6. Establish way to monitor duplications of giveaways.

Long-term

Objective: By December 2010, low cost/free car seat vouchers/coupons will be given out by 50% of LHD to low income families.

Action Steps:

1. LHD will be self-sufficient and maintain own CPS program.

Recommendation #7

Conduct annual or bi-annual observational studies to monitor restraint use of children.

Lead Agency: University of Michigan Transportation Research Institute (UMTRI) and MDCH.

Collaborative Partners: Centers for Disease Control (CDC).

Primary goal: Conduct annual observation studies for kids ages 4-8.

Short-term

Objective: By December 2006, secure grant funding for annual observation study.

Action Steps:

1. Identify and apply for long-term federal funding.
2. Evaluate strengths and weaknesses of work to date.
3. Determine study goals.

Medium term

Objective: By December 2008, at least one statewide observation study will be conducted.

Action Steps:

1. Work with other states in the Region.
2. Disseminate results in a high profile way.
3. Disseminate current data in a rapid and targeted manner.
4. Evaluate study for possible improvements.

Long-term

Objective: By December 2010, at least three statewide observation studies will be conducted.

Action Steps:

1. Sustain funding.
2. Execute surveys.

Recommendation #8

Pass booster seat legislation.

Lead Agency: Michigan Safe Kids Coalition

Collaborative Partners: Boost MI Kids Coalition

Primary goal: Pass booster seat legislation.

Short-term

Objective: By December 2006, pending CPS bills will be moved out of the Transportation Committee.

Action Steps:

1. Boost MI Kids will continue to work with bill sponsors.
2. Safe Kids members will contact local legislators in support of CPS bills.

Medium term

Objective: By December 2008, booster legislation will be passed.

Action Steps:

1. Develop media campaign to announce new legislation.
2. Develop educational materials for the public.
3. Determine where low-cost/free booster seats are available for those in need.

Long Term

Objective: By December 2010, the citizens of Michigan will be aware of the booster seat law and will have access to low-cost or free booster seats if needed.

Action Steps:

1. Continue booster seat educational campaign.
2. Advertise sites that have low-cost or free booster seats.

Recommendation #9

Provide community education/awareness.

Lead Agency: MDCH

Collaborative Partners: Safe Kids, OHSP, hospitals, DHS, schools, local health departments, childcare facilities, and faith-based organizations.

Primary goal: Increase venues in which CPS education is provided to the community.

Short-term

Objective: By December 2006, a CPS education program will be developed.

Action Steps:

1. Define regions, tools, resources, agencies, funding sources, target audiences, and topics.
2. LHD will designate staff to lead CPS community education effort.
3. Begin to identify funding sources.
4. Develop partnerships with collaborative partners.
5. Identify target audience and method of education.
6. Develop evaluation tool.
7. Establish statewide seat distribution guidelines.

Medium term

Objective: By December 2008, a dissemination plan for CPS education will be implemented.

Action Steps:

1. Develop specific programming for target groups.
2. Identify, support, and train agencies.
3. Use a multi-media approach.
4. Conduct educational programs.

Long-term

Objective: By December 2010, a comprehensive CPS education system that can be presented through a variety of educational venues to parents/caregivers will be in place.

Action Steps:

1. Evaluate programs for possible improvements.

SUMMARY

The five-year CPS Strategic Plan represents the collaborative planning efforts of specialists in CPS from Michigan. The Planning Team recognizes that identification and recruitment of new CPS partners will be necessary to make progress in implementing the recommendations.

Accomplishing the goals related to the ten recommendations will require a broad-based community effort of multidisciplinary and multi-agency providers in both public and private arenas.

The team members further acknowledge there is some overlap between the recommendations because CPS requires a combination of education and behavior change strategies working in concert with legislative and enforcement interventions.

The CPS Team made these recommendations to improve CPS in Michigan and ultimately, to reduce deaths, injuries and disabilities children from motor vehicle crashes. Thanks to all team members for their contributions to the plan.

CPS PLANNING TEAM MEMBERS

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